

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/765284</td> </tr> <tr> <td>Filing Date</td> <td>01/27/2004</td> </tr> <tr> <td>First Named Inventor</td> <td>PAPPIN, Daryl J.C.</td> </tr> <tr> <td>Title</td> <td>Methods and Mixtures Pertaini</td> </tr> <tr> <td>Art Unit</td> <td>1797</td> </tr> <tr> <td>Examiner Name</td> <td>GAKH, YELENA G.</td> </tr> <tr> <td>Attorney Docket Number</td> <td>BP-0207-2 US</td> </tr> </table>	Application Number	10/765284	Filing Date	01/27/2004	First Named Inventor	PAPPIN, Daryl J.C.	Title	Methods and Mixtures Pertaini	Art Unit	1797	Examiner Name	GAKH, YELENA G.	Attorney Docket Number	BP-0207-2 US
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I hereby revoke all previous powers of attorney given in the above-identified application.

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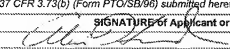
<input type="checkbox"/> Firm or Individual Name			
Address			
City		State	Zip
Country			
Telephone		Email	

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

Signature		Date	5-17-25, 2009
Name	Alan W. Hammond	Telephone	760-476-6903
Title and Company	Vice President, Intellectual Property, Applied Biosystems, LLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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